



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$497359831
Outpatient Patient Service Revenue	\$1011456253
Total Gross Patient Service Revenue	\$1508816084

2. Deductions From Revenue

Contractual Allowance	\$1024732832
Other Deductions	\$3987899
Total Deductions	\$1028720731

3. Total Operating Revenue

Net Patient Service Revenue	\$480095353
Other Operating Revenue	\$7652760
Total Operating Revenue	\$487748113

4. Operating Expenses

Salaries and Wages	\$180265748	Employee Benefits	\$37259552
Depreciation and Amortization	\$12872473	Interest Expense	\$11616983
Bad Debt	\$30982743	Other Expenses	\$190816291
Total Operating Expenses	\$463813790		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23934323	Total Assets	\$445255373
Net Non-operating Gains over Loss	\$3107363	Total Liabilities	\$445255373

Total Net Gains	\$27041686
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$659714050	\$528525364	\$131188686
Medicaid	\$199969253	\$153714465	\$46254788
Other Government	\$13112009	\$10696339	\$2415670
Other State	\$0	\$0	\$0
Other Payers	\$636020772	\$366767305	\$269253467
Total	\$1508816084	\$1059703473	\$449112611

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$538129	\$-538129

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$227859	\$-227859

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$914003	\$-914003
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	6
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	11261

Statement Six: Charity Statement
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Hospital Charity Charges	\$27296052
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7498225	
HCI Payments	\$0		
Subtotal	\$0	\$7498225	\$-7498225
Medicaid Shortfalls	\$46390564	\$67637404	
Subtotal	\$46390564	\$75135629	\$-28745065
DSH Payments	\$0		
Subtotal	\$46390564	\$75135629	\$-28745065
Medicare Shortfalls	\$73016650	\$89175518	
Other Government Programs	\$0	\$0	
Total	\$119407214	\$164311147	\$-44903933

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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